O. Mental Health Services

Background State regulations require counties to make mental health treatment services available, when necessary to enable participants to make the transition from welfare to work.

Mental Health Services Refer Welfare to Work (WtoW) participants to mental health services any time there is a concern that a mental disability exists that impairs the participant's ability to obtain employment. The county contracts with site specific mental health service providers as indicated below:

Region	Provider	Fax
Central	Community Research Foundation	(619) 233-7022
East	Mental Health Systems, Inc. Pegasus	(619) 697-2038
North Central	Community Research Foundation	(858) 566-6927
North Coastal	Mental Healthy Systems, Inc. Pegasus	(760) 741-6645
North Inland	Mental Health Systems, Inc. Kinesis	(760) 741-6645
South	Mental Health Systems, Inc.	(619) 425-8349
Any Region	Union of Pan Asian Communities* (UPAC)	(619) 235-4607

***Note**: Provides special mental health services for Cambodian, Laotian, and Vietnamese immigrants and refugees. Participants with these ethnic backgrounds must be referred to UPAC.

Referral Procedure The Employment Case Manager (ECM) will take the following steps:

Step	Action
1	Complete CalWORKs Welfare-to-Work Referral, form 27-114 HSSA, and obtain client's signature in the "Authorization for Release of Information" box.

2	Hand deliver form 27-114 HHSA to the on-site contracted mental health services provider, **or** Fax form 27-114 HHSA to the appropriate provider if the county contract services provider is not available on site.
3	File a copy of the 27-114 HHSA in the WtoW case.
4	Narrate in WtoW case the symptoms/reasons for referral.
5	Tic for response from contracted mental health services provider within 7 working days.

Upon receipt of referral the contracted mental health service provider will take the following steps.

Step	Action
1	Review form 27-114 HHSA to ensure that the participant signed in the "Authorization for the Release of Information" box.
2	Contact participant to set up an appointment for an evaluation interview.

Note: In some Regions, through mutual agreement, the ECM may be responsible for scheduling the initial evaluation appointment based on a pre-set schedule of appointment openings provided by the contracted mental health services provider.

Contracted Mental Health Services Provider Duties	The contracted mental health services provider has the following duties: • Perform assessment • Provide ECM with outcome of referral, and • Monitor attendance for participants in treatment.

Assessment	• Performs assessment to determine treatment needs • Provides written evaluation that includes: 　　1) Assessment of participant's barrier(s) to employment, 　　2) Recommended treatment to reduce/ eliminate barriers 　　3) Prior diagnoses, assessments, or evaluations provided by participant.

Referral Response	• Send ECM form 27-323 HHSA (MHS), Welfare-to-Work Mental Health Services Referral Response when:
	  1) Participant fails to keep evaluation appointment
	  2) A mental or emotional disorder <u>does not</u> exist and no further action is required
	  3) A mental or emotional disorder <u>does</u> exist and participant declines treatment
	  4) A mental or emotional disorder <u>does</u> exist and participant agrees to participate in treatment.
	• When participant agrees to treatment, form 27-323 HHSA (MHS) must include:
	  1) Identified barrier(s) to employment
	  2) Recommended treatment
	  3) Appropriate employment accommodations or restrictions, and
	  4) A schedule of weekly participation hours required for treatment

Attendance Monitoring	After initial response that a mental or emotional disorder does exist and that the participant will be participating in treatment, the mental health services provider will: • Mail or fax to the ECM form 27-322 HHSA (MHS) for all participants enrolled in treatment in the previous month • Ensure that ECM receives 27-322 HHSA (MHS) by the fifth workday of the month following the report month.

Mental Health Treatment Services	Mental health treatment services include: • Assessment • Case management as appropriate • Treatment (includes notification to ECM of non-participation) • Rehabilitation services, and • Counseling to overcome mental health barrier to obtaining or retaining employment.

WtoW Plan	Individuals participating in mental health services activities as part of their WtoW Plan are eligible to all supportive services allowed for other activities including both transportation and child care.

    1) ECM must consider the follow information when developing or modifying an existing WtoW Plan in order to avoid placing the participant in situations that may exacerbate the participant's mental condition:

- Any prior diagnosis
- Evaluation, and
- Assessments provided by the participant.

    2) ECM must include substance abuse treatment in WtoW Plan if contracted mental health provider identifies a secondary diagnosis of substance abuse.

WtoW Participation Ends	ECM must notify the contracted mental health services provider in writing (e-mail or gram) when participant becomes: • Ineligible for CalWORKs cash aid, or • Exempt from WtoW participation and declines to participate as a volunteer.

Referral to Social Security Administration	Participant must be referred to Social Security Administration (SSA) if the ECM identifies: • A mental or emotional disorder expected to last for 12 months or more, or • Prior medical documentation of a disorder that has lasted or is expected to last over 12 months. ECM must follow the following steps to refer participant to SSA for either SSA or State Supplemental Income (SSI):

Step	Action
1	Complete 06-134 HHSA, GAIN Notification Form, to notify the HSS that a referral to SSA for SSA/SSI is needed.
2	Attach a copy of the mental health assessment or medical documentation of a disorder that has lasted, or is expected to last, over 12 months.
3	Fax 06-134 HSSA to HSS.

4	HSS refers participant to SSA/SSI and sends copy to ECM (See Exploration of Income Potentials and Income Verification).
5	ECM files 06-134 HSSA in WtoW case.